

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH  
CHAPTER 517. NOVEL CORONAVIRUS REGULATIONS**

**RULEMAKING ACTION:**

Notice of proposed PERMANENT rulemaking.

**PROPOSED RULES:**

Chapter 517. Novel Coronavirus Regulations [REVOKED]

**SUMMARY:**

The revocation of this rule will remove COVID-19 reporting requirements as a separate rule. Reporting requirements remain in the Department's communicable disease reporting requirements.

**AUTHORITY:**

Commissioner of Health, Title 63 O.S. §§ 1-104, 1-106, 1-502 and 1-503.

**COMMENT PERIOD:**

December 1, 2023 through the close of the Department's normal business hours, 5 PM, on January 2, 2024. Interested persons may informally discuss the proposed rules with the contact person identified below; or may, through the close of the Department's normal business hours, 5 PM, on January 2, 2024 submit written comment to the contact person identified below, or may, at the hearing, ask to present written or oral views.

**PUBLIC HEARING:**

Pursuant to 75 O.S. § 303(A), the public hearing for the proposed rulemaking in this chapter shall be on January 4, 2024 at the Oklahoma State Department of Health Auditorium, 123 Robert S. Kerr Avenue, Oklahoma City, Oklahoma 73102 from 9:30 AM to 12:30 PM. The meeting may adjourn earlier if all attendees who signed up to comment have completed giving their comments. The alternate date and time in the event of an office closure due to inclement weather is January 9, 2024 in the Auditorium, from 9:30 AM to 12:30 PM. Those wishing to present oral comments should be present at that time to register to speak. The hearing will close at the conclusion of those registering to speak. Interested persons may attend for the purpose of submitting data, views or concerns, orally or in writing, about the rule proposal described and summarized in this Notice. Validated parking will be provided for the parking lot located at the east corner of Broadway and Robert S. Kerr Avenue, subject to availability.

**REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:**

Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, on the increase in the level of direct costs such as fees, and indirect costs such as reporting, recordkeeping, equipment, construction, labor, professional services, revenue loss, or other costs expected to be incurred by a particular entity due to compliance with the proposed rule. Business entities may submit this information in writing through January 2, 2024, to the contact person identified below.

**COPIES OF PROPOSED RULES:**

The proposed rules may be obtained for review from the contact person identified below or via the agency website at [www.ok.gov/health](http://www.ok.gov/health).

**RULE IMPACT STATEMENT:**

Pursuant to 75 O.S., § 303(D), a rule impact statement is available through the contact person identified below or via the agency website at [www.ok.gov/health](http://www.ok.gov/health).

**CONTACT PERSON:**

Audrey C. Talley, Agency Rule Liaison, Oklahoma State Department of Health, 123 Robert S. Kerr Avenue, Oklahoma City, OK 73102, phone (405) 426-8563, e-mail [AudreyT@health.ok.gov](mailto:AudreyT@health.ok.gov).

## INITIAL RULE IMPACT STATEMENT

(This document may be revised based on comment received during the public comment period.)

### TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH CHAPTER 517. NOVEL CORONAVIRUS REGULATIONS

1. **DESCRIPTION:**

Chapter 517 was originally written as emergency rule in 2021 and added as permanent rule in September 11, 2022, to define COVID-19 data reporting to the Oklahoma State Department of Health. The rule is being revoked and reporting requirements moved into the Department's communicable disease requirements.

2. **DESCRIPTION OF PERSONS AFFECTED AND COST IMPACT RESPONSE:**

This rule required multiple components of data related to COVID-19 be reported to the Oklahoma State Department of Health in a manner designated by the Commissioner of Health. This rule increased the number of personnel and time dedicated to COVID-19 reporting, and impacted both internal and external parties.

3. **DESCRIPTION OF PERSONS BENEFITING, VALUE OF BENEFIT AND EXPECTED HEALTH OUTCOMES:**

During the time this rule has been in effect, it has allowed OSDH to receive data to better respond to the COVID-19 pandemic. After the end of the public health emergency and the need for comprehensive COVID-19 data, this rule has minimal benefit to internal and external parties. There are no expected health outcome changes affiliated with this revocation.

4. **ECONOMIC IMPACT, COST OF COMPLIANCE, AND FEE CHANGES: COST OF COMPLIANCE AND FEE CHANGES:**

There is no economic impact to the Department or the reporting industry. COVID-19 reporting has moved to another chapter.

5. **COST AND BENEFITS OF IMPLEMENTATION AND ENFORCEMENT TO THE AGENCY:**

This revocation will decrease costs related to personnel time and decrease overall burden of disease reports.

6. **IMPACT ON POLITICAL SUBDIVISIONS:**

There will be no impact on political subdivisions and it will not require their cooperation in implementing or enforcing the proposed amendment.

7. **ADVERSE EFFECT ON SMALL BUSINESS:**

There is no known adverse economic effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act.

8. **EFFORTS TO MINIMIZE COSTS OF THE RULE:**

There are no less costly means currently identified.

9. **EFFECT ON PUBLIC HEALTH AND SAFETY:**

No effect on public health and safety is projected with the revocation of this rule.

10. **DETRIMENTAL EFFECTS ON PUBLIC HEALTH AND SAFETY WITHOUT ADOPTION:**

There are no detrimental effects on public health and safety.

11. **PREPARATION AND MODIFICATION DATES:**

This rule impact statement was prepared October 16, 2023.

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH  
CHAPTER 517. NOVEL CORONAVIRUS REGULATIONS [REVOKED]**

**SUBCHAPTER 1. GENERAL PROVISIONS [REVOKED]**

**310:517-1-1. Purpose [REVOKED]**

The purpose of this chapter is to collect data determined to be critical to assess the likelihood of, and to prevent, a future public health emergency related to novel coronavirus and to establish the specific data reporting requirements and the procedures for submission of the data to the Oklahoma State Department of Health. The rules in this Chapter implement in part, the communicable disease reporting laws in Title 63 O.S. §§ 1-104 and 1-106, Commissioner of Health, Title 63 O.S. § 1-502, Prevention and Control of Disease and Title 63 O.S. § 1-503, Reports of Disease. The rules set forth the conditions under which hospitals are allowed to expand or modify bed capacity.

**SUBCHAPTER 2. NOVEL CORONAVIRUS REPORTS [REVOKED]**

**310:517-2-1. Specimens to be sent to the Public Health Laboratory [REVOKED]**

Hospitals and laboratories must send, at a minimum, 10% of their weekly positive novel coronavirus specimens to the OSDH Public Health Laboratory for variant testing. The collection, packaging, and shipping of the positive novel coronavirus specimen must be in accordance with OSDH Public Health Laboratory guidelines.

**310:517-2-2. Emergency reporting requirements**

(a) Every practicing physician and clinical laboratory that is utilizing, or has utilized, an FDA approved test, including an emergency use authorization test, for human diagnostic purposes of novel coronavirus, shall submit reports to OSDH in a manner, format, and frequency prescribed by the State Commissioner of Health of all test results, both positive and negative.

(b) Hospitals and Physician Clinics operating in the State of Oklahoma shall submit the following critical data to OSDH in a manner, format, and frequency prescribed by the State Commissioner of Health:

- (1) The number of patients in the hospital receiving treatment for novel coronavirus;
- (2) The number of patients receiving treatment for novel coronavirus who are currently admitted to the ICU; and
- (3) The novel coronavirus vaccination status of patients in the hospital receiving treatment for novel coronavirus.

(c) All reports required by this section 310:5-1-10 must be submitted electronically to OSDH in digital form that is created, distributed and retrievable by a computer system. Electronic records generated according to these requirements shall be in the manner and format prescribed by the State Commissioner of Health.

(d) This rule shall be active and remain in effect when there is a federal or state declaration of emergency related to novel coronavirus or until the State Commissioner of Health determines the reporting is no longer needed.

**SUBCHAPTER 3. HOSPITAL LICENSED BED CAPACITY [REVOKED]**

**310:517-3-1. Procedures to expand or modify licensed bed capacity [REVOKED]**

(a) A hospital's licensed bed capacity can be expanded and/or modified, if it submits a letter to the Department that is signed by an authorized hospital authority, notarized and includes the following statements:

- (1) the hospital attests that its emergency preparedness plan includes the expanded and/or modified bed plan and is approved by its governing body;

- (2) the hospital attests the location of the modified and/or expanded beds. The location must include:
- (A) the building name and floor number if the modified and/or expanded beds are on the hospital's campus; or
  - (B) the physical address if the modified and/or expanded beds are not on the hospital's campus.
- (3) if the hospital is also participating in Centers for Medicare & Medicaid Services' (CMS) Hospital Without Walls program (program), then the hospital attests:
- (A) that its governing body has approved of its participation in the program;
  - (B) that it is participating in accordance with CMS requirements; and
  - (C) that the portions of the program that it is participating in is not in conflict with state statute.
- (b) Licensed capacity refers to the total number and type of beds a hospital stated in the Hospital Designation of Licensed Beds Form (Form 929) filed with the Department.
- (c) This rule is limited to hospitals licensed by the Commissioner of Health.
- (d) This rule does not affect a hospital's obligation to comply with requirements of other regulatory bodies.
- (e) This rule is effective until the Commissioner of Health determines that the need for hospitals to exceed and/or modify their licensed bed capacity is no longer needed.